

05/19/2011

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FIRST CHRISTIAN HEALTH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME First Christian Health, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3911 SW 67 Avenue
Miami, Florida 33155

Mailing address, if different is:
3911 SW 67 Avenue
Miami, Florida 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Health Care Services and any other legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 1000 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dayami Rizo Pres & Secretary	Name and Title: _____
Address: 3911 SW 67 Avenue	Address: _____
Miami, Florida 33155	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dayami Rizo
Address: 3911 SW 87 Avenue
Miami, Florida 33155

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Dayami Rizo
Address: 3911 SW 87 Avenue
Miami, Florida 33155

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

5/19/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

5/19/2011
Date

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